



Incident Report

Print Date/Time: 09/07/2016 10:32

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00017187

Incident Date/Time: 8/30/2016 12:41:29 PM
Location: 3RD ST SE / 84TH AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 246-2173
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0134-Lyons
19S15	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JOHNSON, MICHAEL		(425) 246-2173			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXW8378	
Involved Vehicle						AXW83783	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/30/2016 : 12:45:14 SP0100 Narrative: AGENCY ADVISED

08/30/2016 : 12:44:03 SP0152 Narrative: CC 410 84TH AVE SE, VEH VS TREE, RP LEFT SCENE, HAPPENED 10 AGO

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E579333**CASE # **2016-0017187**LOCAL AGENCY
CODING **0664**TOTAL # OF
UNITS **02**OBJECT
STRUCK **TREE OR STUMP**TRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **08** - **30** - **2016** **1244** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**83RD AVE SE**BLOCK NO. ☒**300**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **3RD ST SE**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252462173LAST NAME **JOHNSON JR**FIRST NAME **MICHAEL**MIDDLE
INITIAL **O**STREET
NEW ADDRESS **410 84TH AVE SE**CITY **LAKE STEVENS**ST **WA**

ZIP

982587375

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **JOHNSMO3110E**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **09** - **05** - **1969**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AXW8378**STATE **WA**VIN# **2C3CDYBT3EH111513**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2014**MAKE **DODG**MODEL **CHALLE**

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **STEPHANIE JOHNSON 410 84TH AVE SE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **NATIONAL GENERAL 2003268681**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE ☐PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☒DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME **CITY OF**FIRST NAME **LAKE STEVENS**MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

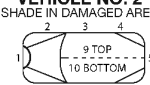
GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

C. WELLS

BADGE OR ID #

0131

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E579333**CASE # **2016-0017187**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 1 Johnson was northbound on 83rd Ave SE approaching the 3rd St SE intersection when he claimed a cat ran out in front of him. He stated he swerved to the right to avoid the cat and struck a tree.

The damage to the tree was minimal. The damage to his vehicle exceeded \$2000.00.

No injury to JOHNSON.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS
08-30-16 10:38 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
8/31/2016 4:53:00 AM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	12:44 PM	TIME POLICE ARRIVED	12:47 PM
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REPORT NO. E579333

CASE # 2016-0017187

DATE AND TIME
OF COLLISION 08/30/16 12:44

Not to Scale

